

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/633423 | FILING DATE _____
APPLICANT(S) _____

602806 CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

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99					
100					
TOTAL IND.	1				
TOTAL DEP.	10				
TOTAL CLAIMS	11				